

# Interviewing Key Informants: Strategic Planning for a Global Public Health Management Program

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*The Centers for Disease Control and Prevention's Sustainable Management Development Program (SMDP) partners with low- and middle-resource countries to develop management capacity so that effective global public health programs can be implemented and better health outcomes can be achieved. The program's impact however, was variable. Hence, there was a need to both engage in a strategic planning process and collect useful data to inform the process. We therefore designed a qualitative evaluation and findings that emerged concerning our program's contribution to individual career advancement and professional growth; the need for institutional support and a champion to move public health management capacity development efforts forward in low- and middle-resource countries; and interest in diverse professional learning opportunities contributed to program improvement and suggested new strategic directions for CDC's global public health management service delivery. Our inquiry provides a concrete example of how qualitative methods, specifically key informant interviews, can provide useful data for strategic planning within public health settings. It may be useful to readers who are interested in conducting strategic planning within public health and other related areas including health care, mental and behavioral health, and the social sciences. Keywords: Key Informant Interviews; Qualitative Evaluation; Strategic Planning; Global Health; Public Health Management; Program Evaluation*

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## Introduction

### Our program

The Sustainable Management Development Program (SMDP) is a global public health management capacity development program at the Centers for Disease Control and Prevention (CDC). It partners with Ministries of Health, educational institutions, and non-governmental organizations (NGOs) in low- and middle-resource countries to develop global public health management capacity so that effective public health programs can be designed and implemented, and better health outcomes can be achieved.

CDC's approach to developing global public health management capacity involved sponsoring the 6-week long Management for International Public Health (MIPH) course in Atlanta, GA. Participants came from foreign Ministries of Health, NGOs, and academic institutions in low- and middle-resource countries. CDC trained 379 individuals from 66 countries from 1992 through 2008 (Figure 1) in the course. CDC staff provided follow-up technical assistance (either remotely from Atlanta or through in person site visits) when funding was available to support the expectation that alumni would subsequently develop public health management training and capacity development programs in their countries of origin.

The impact of our program's approach was variable. In some countries, our course alumni implemented public health management programs that improved the performance of

public health teams, initiatives, and organizations (Šogorić et al., 2009; Umble et al., 2009). In other countries, our alumni did not establish any public health management capacity development programs at all, or did not successfully maintain the programs they did establish, thus providing little or no evidence of our program's impact. Consequently, we decided to evaluate how our program could be improved and simultaneously contribute useful data to a broader strategic planning process that our program was undertaking.

**Figure 1: Map of countries of origin of all MIPH course alumni from 1992-2008 (n=379)**



## Literature

### **Qualitative evaluation and methods in strategic planning.**

We decided to conduct a qualitative evaluation because, according to Patton: “The purpose of interviewing ... is to allow us to enter into the other person’s perspective” (Patton, 2002, p. 341). This is what we wanted to accomplish. We wanted to allow our alumni in low- and middle-resource countries to give voice to their experiences in order to improve our program and inform our strategic planning process. We thus sought to learn from our alumni and better understand their challenges and successes in implementing public health management capacity programs in their countries of origin. We also wanted them to share their perspectives on how we could improve our program and better meet their needs.

We subsequently conducted a literature review to help us shape the focus of our qualitative evaluation and our program’s larger strategic planning process. We found several examples in the literature regarding how qualitative methods can be used in evaluation and strategic planning. Vorhees (2008) provides a general overview of using interviews, focus groups, and group strategy sessions.

Several articles describe using key informant interviews in strategic planning. Szydlowski and Smith (2009) use key informant interviews with chief information officers to better understand the implementation of information technology within hospital settings. Inui et al. (2009) detail using key informant interviews in evaluating a HIV care program in Kenya and for related strategic planning purposes. Gruffudd (2008) describes using key informant interviews in evaluating an air ambulance program and how these data contributed to strategic planning. Teng, Milton, and Mackenzie (2007) portray using key informant interviews in better understanding priority-setting within a provincial health services authority’s strategic

planning process. Lee (2006) interviews nurse managers of medical center inpatient units (i.e. key informants) to better understand how they adopt personal digital assistant technology, and describes how these results can be used to strategically plan for improving the implementation of technology. Begun and Kaissi (2005) illustrate using key informant interviews in ascertaining how hospitals conduct strategic planning.

Additional articles within the literature demonstrate how other qualitative methods can be used within strategic planning. Farquhar, Parker, Schultz, and Israel (2006) describe using qualitative data from interviews, focus groups, and windshield tours in community health strategic planning. Takhar and Tipping (2008) detail using focus groups to provide qualitative data for a continuing medical education program's strategic planning process. Madden, Martin, Downey, and Singer, (2005) and Martin, Shulman, Santiago-Sorrell, and Singer (2003) portray using document review, key informant interviews, and observations of group deliberations in developing case studies on hospital strategic planning. Levine, Plume, and Nelson (1997) use patient surveys that included a qualitative component to develop a case study to inform a hospital's strategic planning efforts.

In reviewing the results of our literature review, we decided specifically upon key informant interviews as our qualitative method for two reasons. The literature offered us specific guidance on using this method (Begun & Kaissi, 2005; Farquhar et al., 2006; Gruffudd, 2008; Inui et al., 2009; Lee, 2006; Madden et al., 2005; Martin et al., 2003; Szydlowski & Smith, 2009; Teng et al., 2007;). We also wanted to learn as much as possible from our alumni's lived experience in respect to developing public health management capacity within their countries, and we wanted to enter into their perspective (Patton, 2002).

### ***Literature gap.***

In conducting our literature review, we found an emerging evidence base on using qualitative methods in strategic planning, particularly within healthcare (i.e., hospitals, clinical practice) settings (Begun & Kaissi, 2005; Gruffudd, 2008; Lee, 2006; Levine et al., 1997; Madden et al., 2005; Martin et al., 2003; Szydlowski & Smith, 2009; Takhar & Tipping, 2008). We found fewer articles (Farquhar et al., 2006; Inui et al., 2009; Teng et al., 2007) providing concrete examples of using qualitative methods in strategic planning within public health settings.

### ***Problem, objectives and the benefit of our inquiry.***

In this article, we report on the qualitative evaluation we conducted by interviewing CDC's public health management development course alumni in low- and middle-resource countries. In some countries, our course alumni had successfully implemented public health management capacity development programs (Šogorić et al., 2009; Umble et al., 2009). In other countries, our alumni did not establish any public health management capacity development programs at all, or did not successfully maintain the programs they did establish, thus providing little or no evidence of our program's impact. Consequently, we wanted to address the problem of our program's variable impact.

Our objectives were twofold: (a) to contribute to the improvement of our public health management development program and (b) to produce useful data for strategic planning to position our program for additional impact.

Our qualitative evaluation was designed to answer the following:

- What impact did CDC’s public health management development course (i.e., MIPH course) have on alumni and their organizations in middle- and low-resource countries?
- What challenges did course alumni experience in establishing or maintaining public health management capacity development programs in their countries?
- What did course alumni think of CDC potentially using new strategies to assist them in developing public health management capacity in their countries (e.g., leadership training, distance learning, and alternative forms of technical assistance)?

While our inquiry focused on improving our program and contributing data to our program’s larger strategic planning process, we hope that it will contribute to the emerging evidence-based literature on using qualitative methods in strategic planning and assist in filling the gap regarding using qualitative methods in strategic planning in public health.

In terms of the context that we brought to our qualitative inquiry, KEK, AK and EH were CDC employees working in the SMDP program. We intended to improve our program and provide useful data for strategic planning purposes. KEK worked in the capacity of SMDP’s evaluator, and co-led the evaluation with AK who worked as one of the program’s public health advisors. EH was SMDP’s chief, and additionally led its strategic planning process. GM was an evaluator in another organizational unit of CDC’s Center for Global Health who brought additional expertise in qualitative methods to the evaluation. She did not work directly in the SMDP program, although desired to contribute towards its improvement.

## Methods

### Qualitative evaluation design

We decided to conduct a qualitative evaluation because we wanted to gain insight and context from our program participants and allow opportunity for their in-depth input (Farquhar et al., 2006; Patton, 2002, 2008; Vorhees, 2008). Many of the issues that we wanted to address could not have been anticipated, and therefore could not have been incorporated into a highly structured method of data collection.

We used Patton’s work to help shape our design (Patton, 2002, 2008). We found his Utilization-Focused Evaluation approach to be most helpful in relating back to our evaluation objectives because he describes program improvement as being a primary use of evaluation findings (Patton, 2008). SMDP staff members and its chief were the primary intended users of our evaluation findings. CDC global health leaders were additional stakeholders as they would ultimately be users of the program’s new strategic plan, and they had an interest in assuring that our program was strategically aligned for maximum public health impact. The needs of our stakeholders assisted us in focusing the evaluation through a series of meetings involving SMDP staff and an expert panel process engaging global health leaders from across CDC’s centers, institutes, and offices.

Merriam’s (2009) description of descriptive qualitative research as an inquiry that is basic, naturalistic, and discovery-oriented further informed our design. Merriam describes this type of inquiry as staying closer to the data and to the surface of words and events than explanatory studies, and that it consists of “eclectic design” consisting of sampling strategies

(e.g., purposeful), data collection (e.g., open-ended interviews), and data analysis (e.g., categorization; Merriam, 2009).

### **Sampling and recruitment**

We used purposeful sampling, which entails “... selecting information-rich cases for study in depth... to permit inquiry into and understanding of a phenomenon ... [with the goal of] yielding insights” (Patton, 2002, p. 230). We divided countries into those with a program to develop public health management capacity (Group A) and those that either never had such program, or once had a program but it had not been successfully maintained (Group B). Our purpose, however, was neither to compare the two sets of countries nor to determine factors that contributed to developing a successful program. Rather, we intended to learn more about the full spectrum of our MIPH course alumni’s experiences in developing, or trying to develop, public health management capacity development programs in their countries. We therefore selected countries that represented cases along a spectrum of program development from “never initiated” to “developed and maintained.”

After we identified countries (Table 1), we ascertained who the most knowledgeable MIPH course alumni were by consulting with the SMDP staff members directly working with these countries. We wanted to ensure that we were speaking with key informants who were most expert about the public health management capacity development efforts that had been undertaken there. We found 17 key informants through this process and invited them by e-mail to participate in 1-hour telephone interviews. We followed up by e-mail at least once if they did not respond to our initial invitation. Of the 17 course alumni we invited to be interviewed, 14 participated.

### **Instrument Design**

We developed an interview guide through an iterative process. KEK and AK developed the initial draft. EH and GM subsequently responded with feedback and comments through track changes. We did this until we considered the interview guide ready for use (i.e., when there were no remaining suggested changes or comments). Our interview guide ultimately comprised seven open-ended questions that were designed to elicit meaningful data for program improvement and strategic planning (the two objectives of our inquiry). The guide enabled us to approach our semi-structured interviews in a systematic way, while simultaneously allowing us to probe and explore within certain predetermined areas (Patton, 2002). As such, it provided a framework within which we sequenced our questions, and made decisions about where to probe to understand in better detail our alumni’s experiences and perspectives (Patton, 2002).

Our seven questions enabled us to inquire about our key informant’s thoughts on the key public health management challenges in their current position, whether they encountered any challenges in developing a public health management capacity development program in their countries, and whether (and how) participating in our program impacted their organization and them professionally. We further asked how our program could have better supported them in developing public health management capacity programs and explored their perspectives on what new services we could offer that would be most useful in building public health management capacity at a national level in their countries. Our closing question asked our key informants if there was anything else that we should have asked them, or if there was anything else that they wanted to share, in the hopes that we might distill additionally rich data and that our alumni would have the opportunity to express everything that they had wanted to share (Patton, 2002). We piloted the questions during our first two

telephone interviews and took notes on any questions (or components of questions) that seemed unclear. We subsequently amended questions because they were unclear to our key informants, even when we probed (Merriam, 2009). Hence, they did not meet the criteria for appropriate qualitative interview questions (Patton, 2002).

## **Interview procedures**

Two of us (the first and second authors: KEK and AK) conducted the semi-structured interviews by telephone. All interviews were conducted in English, although English is not the first language of most of our key informants. One participant requested to respond to our interview questions in writing (rather than by telephone) because he believed himself to be more proficient in written English. We accommodated this request. We scheduled an hour for each telephone interview, and made plans to call our key informants either in their offices or homes, or via mobile phone, as per their indicated preferences. Depending upon the time of day in our participants' countries, KEK and AK scheduled some calls outside of their normal working hours in order to accommodate global time differences.

IRB approval was not required for our inquiry given that the information was to be used for program improvement and was considered program evaluation (i.e. non-research). At the beginning of each interview, we verbally shared a statement of purpose with our key informants that reflected that we were conducting the interviews to assist our program in improving to have maximum impact in the future. We further shared that: (a) their country might be identified in a publication but that no reference would be made to them individually; (b) we did not foresee any risks related to participating; (c) participating would contribute to improving our course and informing our program's strategic planning process; and (d) they could choose not to participate. Once our key informants verbally agreed, we proceeded with our interviews. This ensured that the key informants were aware of our evaluation's purpose and that they understood that their participation was entirely voluntary. We went through all of our seven open-ended questions with each of our alumni. We concluded our interviews by thanking our key informants and encouraging them to contact us by email if they had any additional thoughts to share or if they had any questions after the interview.

KEK was the primary interviewer, and AK was the primary note-taker capturing actual quotations from our key informants (Patton, 2002). While AK recorded the interviews verbatim, KEK additionally took notes during the interviews on key points that alumni shared (Patton, 2002). We maintained the same roles for all but two interviews during which AK performed both roles. KEK altered the order of questions on the basis of how each interview flowed, and we both probed responses as appropriate. AK prepared a draft transcript from her notes immediately after each interview. KEK then reviewed the transcript, and we immediately discussed and resolved any inconsistencies in our recollections of the interview. The text within our phone interview transcripts (capturing the actual words of key informants) became our data sources (Patton, 2002). The above process reflects how we prevented bias from occurring.

## **Analysis procedures**

After completing all 14 interviews, KEK and AK each independently read line-by-line through one randomly selected transcript and attributed codes to segments of text, reflecting our initial attempt to organize the data (Patton, 2002). Our analysis was inductive as we hoped to discover patterns, themes and categories within our data. (Merriam, 2009; Patton, 2002). We subsequently created a draft codebook based on the approach detailed by MacQueen et al. (2007).

We then coded a second transcript together and revised the codebook. We separately coded the remaining interviews and reviewed them together, resolving disagreements when they occurred. Our process was one of cutting and sorting (i.e., identifying quotes that seem important and then arranging them into “piles” of things that go together (Ryan & Bernard, 2003). Our initial intent was to analyze the data by question (i.e., to use structural coding). However, our data did not naturally come together in this way. Consequently, we used emergent rather than structural coding because the content of our data (rather than the structure of our questions) drove the development of our codes. After initially coding the transcripts, KEK and AK then jointly reviewed the coded paragraphs in each transcript noting important passages of the interviews in the margins. KEK and AK subsequently identified the topics repeating across interviews as themes (Merriam, 2009; Patton, 2002; Ryan & Bernard, 2003). KEK and AK labeled them (beginning with the letter A), and recorded the number of key informants contributing to each theme. KEK and AK then corroborated, refuted and/or combined these initial themes, and nine themes pertinent to the goals of the inquiry emerged. The third and fourth authors then independently (LH and GM respectively) provided input on the coding and thematic results, resulting in the convergence of the initial nine themes into three major ones relevant for both program improvement and programmatic strategic planning (Merriam, 2009; Patton, 2002; Ryan & Bernard, 2003). All four authors engaged in interpreting the results of the analysis to ensure accuracy and limit potential biases.

## Results

### Participants

Our 14 key informants participated in the MIPH course between 1993 and 2006. The average had participated approximately 7 years (mean = 6.71 years) before the time of our interviews. Eight of our participants were men (57.1%), and 6 were women (42.9%). They were employed by Ministries of Health, universities, NGOs, or CDC offices in their countries of origin at the time of our interviews.

**Table 1: Countries of origin of our key informants and program development status (n=14)**

<b>Category A:</b> <i>Countries with public health management capacity development programs</i>	<b>Category B:</b> <i>Countries that never had a public health management capacity development program, or once had a program but it was not successfully maintained</i>
Botswana Croatia Ethiopia Malawi Mexico Philippines Serbia Vietnam	India Indonesia Israel Mozambique Nicaragua Tanzania

## Thematic analysis

Three themes emerged from initially “piling” things that went together into codes (Ryan & Bernard, 2003); our subsequent organization of codes into themes based on topics that were repeated across interviews (Merriam, 2009; Patton, 2002; Ryan & Bernard, 2003); and our later collapsing of nine initial themes into three major themes that were relevant for program improvement and programmatic strategic planning purposes (Merriam, 2009; Patton, 2002; Ryan & Bernard, 2003).

We present the results of our analysis (i.e., our three major themes) sequentially as they relate to the evaluation questions that guided our inquiry (Ulin et al., 2005). We use quotation marks to indicate raw data (i.e., the actual words of our key informants) on which we based our analysis and interpretation (Guest & MacQueen, 2007; MacQueen et al., 2007). Our first theme provides a clearer picture of the impact that involvement with our program had on our key informants and their organizations in low- and middle-resource countries. Our second theme relates to the challenges that our course alumni had in establishing and maintaining public health management capacity development programs in their countries. Our third theme concerns our key informants’ thoughts on new strategies to assist them in developing public health management capacity in their countries

### **Theme 1 – Impact.**

#### *Individual Impact.*

Our key informants shared that their participation in the MIPH course led to individual career advancement and professional growth (e.g., improved knowledge, skills and aptitude for analytical thinking). Others shared that participating in the course led them to pursue a master’s degree in public health.

One of our key informants said she was beginning her career when she participated in the MIPH course, and knew little then about public health management. After the course, she felt better equipped with improved skills, and her career advanced as a result. She is currently a leader in epidemiology within her Ministry of Health. She shared with us how she viewed her entire career through the lens of before and after participating in the MIPH course:

*I could divide the important part of my professional life [into] before and after [the course].*

Another key informant, who is now a health district director in his country, also said that the program prepares participants to advance their careers:

*It lays the foundation to catapult people in some way for higher level things...*

Two other key informants, who hold positions within their Ministries of Health, reflected on how the knowledge and skills they acquired were useful when they were engaged in reforming the public health sector in their countries. One said:

*Now I see the connection with [the] course tools...with [my country's] existing health sector reform...that is, to develop the local government [and] public health staff in capacity building.*

### ***Programmatic and Organizational Impact.***

Our key informants also said that the opportunity to collaborate with the CDC (through the process of receiving technical assistance from our program) positively impacted their countries' public health management capacity development programs. It increased the Ministry of Health's awareness that good management is an essential component of effective public health programs. One of our key informants said:

*...When CDC consultants come here, and meet with different Ministry of Health leaders...and talk about the training program...there is more buy in and [it] make[s] our training program better.*

Another key informant translated the MIPH course curriculum into her country's native language, and the curriculum was incorporated into her university's academic public health program. She explained that her experience in the course gave her public health management skills that she could share with her students. She also said that her students would find these skills and tools useful in public health practice, demonstrating that an individual participating in the course could have multiple impacts on his/her organization and beyond.

Our key informants additionally shared with us that their organizations used the management tools that were taught during the MIPH course and that individual and organizational performance had improved. One said:

*...I think that [our organization] has been fortified since our capacity of analysis has evolved [in] an organized way and with useful tools. All [our] project managers [have] been training on issues from [the] course and these are used for all of us in our daily work.*

Another key informant offered:

*...Most of the lessons [are] still retained...some have been incorporated into [our] organization [al] structure....*

### ***Theme 2 – Factors Impacting Program Development Efforts.***

A manager of an HIV clinic and testing center suggested that it was critical to have institutional support if a public health management capacity development program was to be developed and successfully maintained. He additionally offered that it was very important to get organizational buy-in before initiating any program development efforts, because institutional funding and support were essential:

*...[program development] was difficult...acceptance from the head [i.e., the organization's leader] and budget was very hard.*

Another key informant, a senior Ministry of Health official, suggested that a critical factor was having a champion within an organization who had time available and the responsibility to move a public health management capacity development program forward:

*[The] secret is to have someone who is highly placed, who has the responsibility, doing it specifically...*

Other key informants spoke of the role that technical assistance played in their public health management capacity development efforts. One key informant, who holds an academic position in a school of public health, noted that her department provides management training to health staff throughout her country. She voiced that technical assistance from our program was important.

*We really need the technical assistance...that is the follow-up and the assistance from the consultants to the [course] participants.*

### **Theme 3 – New Strategies for Developing Public Health Management Capacity.**

#### ***Regional Approach to Public Health Management Training.***

Our key informants expressed mixed views about coming to the United States. (i.e., Atlanta) to participate in the MIPH course, rather than providing the training regionally in different parts of the world. Some said that coming to the U.S. to participate in the course was a challenge because it required a substantial financial and time commitment:

*To come to Atlanta ... to get sponsorship is very expensive. It's like ... something like a chance.*

However, some spoke of the positive aspects of coming to the U.S. to participate:

*Those [participating] in Atlanta – [have] better training...better English language... [are] more confident...[and] more dedicated to the approach.*

Our key informants' views often conflicted. At times the same individual expressed both challenges and benefits of participating in the course in the United States and in a region closer to home. Consequently, no clear conclusion emerged about whether it is better to offer the course in the United States or in regions throughout the world. Overall though, our key informants did express slightly more interest in our offering the MIPH course in various regions outside the United States. One key informant from Asia, said:

*It is much more relevant to learn experience in Asian countries than other countries like in Africa or in Latin America or something like that. I am just thinking—the countries in Asia, we have so much more similar circumstances...*

Another key informant also spoke positively about a regional approach:

*[European] public health problems [are] different from African and Asia. I wouldn't say this was a problem, but a different perspective...we have common history with similar problems in health care.*

#### ***Distance Learning.***

Our key informants also expressed considerable interest in distance learning. They said that they (and other public health professionals in their countries) would engage in

distance learning to support their personal career development and to affiliate with an international organization.

One key informant, a Ministry of Health official, said that a distance learning course would be a good way to teach management skills to public health personnel in his country. He also said that the opportunity to receive a certificate of achievement from an international organization would encourage public health personnel to complete a distance learning program:

*If they get a certificate at the end of the day...people are interested to link with international organizations.*

Concerns about distance learning were also voiced. Several key informants noted that the Internet is not always readily accessible or reliable in their countries. One key informant from a Ministry of Health spoke of challenges in accessing the Internet from the field:

*If it [the instruction] is informal – no time deadlines, that is possible. People are working in the field – so it would be hard – we do not always have access [to the internet]...*

Another key informant, a district health director, said that because public health personnel have many competing priorities at work, it may be difficult to complete an on-line public health management training program. While distance learning is promising in theory, he expressed that some staff may have a problem in adhering to a set time schedule and committing to the hours:

*Distance learning is great. The problem is with adherence...*

#### *Other Programs and Services of Interest*

Our key informants expressed interest in providing more technical assistance to support their public health management capacity development efforts. They specifically requested assistance in the areas of monitoring and evaluation, publishing in professional journals, decentralizing a national public health system, and advocating for the importance of public health management.

One of our key informants from a Ministry of Health suggested that those who received training in CDC's public health management development course are ready for a more advanced course. She suggested a leadership program would be beneficial to help advance public health management capacity programs to the next level. She also said that her training in our course, and her ability to focus specifically on management related issues, has made her an asset to her organization. Others also expressed interest in leadership programs and public health management training opportunities tailored to specific levels of a professional career (i.e. beginning and mid-levels).

### **Discussion**

We conducted our qualitative evaluation to contribute to the improvement of our global public health management capacity development program and to produce useful data for strategic planning to position our program for additional public health impact. We discuss what we gleaned about future programmatic direction, and our approach and lessons learned below.

## Implications for program improvement and strategic planning

Our inquiry enabled us to learn about factors that may have contributed to or hindered public health management capacity development efforts in our key informants' countries. They shared that institutional support (e.g., dedicated funding, sufficient staffing, and a commitment from organizational leaders), and having a champion to move a public health management capacity development program forward could positively contribute to program development efforts. These findings suggest that we could improve the way in which applicants are selected for our public health management development programs by requesting (a) letters of institutional support indicating that the applicant will have sufficient financial and staffing resources to develop a management capacity development program; and (b) candidate essays about their time availability and interest in developing public health management capacity.

In terms of new strategies, we learned that our key informants' were interested in improved current services as well as new ones. They were interested in our course being offered in alternate sites to Atlanta, GA; training tailored to specific professional levels (i.e., beginner, mid and leadership); distance learning, particularly when linked with the ability to obtain a certificate; and additional technical assistance. Our recommendations therefore included to consider offering our course in other countries and regions of the world; offering public health management programs geared to specific career-level; and exploring distance learning opportunities, with the recognition that there could be potential challenges related to this endeavor (i.e., reliable Internet access in some places in the world, the challenges of adhering to online engagements, and that a certificate would be an incentive to complete the program). We subsequently shared these recommendations emanating from our findings with those directing our program's strategic planning efforts.

## Sustainability

Although our evaluation was not designed to learn which factors contributed to MIPH alumni successfully developing and sustaining public health management capacity building programs in their countries, we learned a little about this through our key informant interviews. We learned that collaboration with our program and the technical assistance that we provided may have contributed to their program development efforts. Future inquiries may want to therefore explore more fully the relationship between ongoing collaboration with the CDC and program sustainability, given that program sustainability without ongoing assistance is a desired outcome of CDC's global public health efforts.

## Limitations

Our sample size was determined by time and staffing constraints, rather than by reaching a point of natural saturation related to emergent themes. Our inquiry could have potentially yielded richer results if we had sufficient resources to interview more key informants from countries representing various levels of program development. We were limited though by the practicalities of time and resources (both financial and human).

Our key informants comprised our most active course alumni in their countries. What we learned may have been very different had we interviewed alumni who returned to their countries after participating in the course and did not remain active in public health management. Our purposeful sampling strategy of selecting key informants from amongst our most active alumni may have therefore biased our findings, particularly in regards to

individual and organizational impact. Additionally, our efforts to glean information about organizational impact could have been strengthened if we had interviewed the supervisors of our key informants (in addition to our key informants themselves). Doing so would have enabled us to triangulate our data, particularly if we combined what we learned from interviewing our key informants with what we might have learned from interviewing supervisors, and if we had augmented this with organizational case studies.

We also learned that our inquiry was wide, but possibly not deep. Our inquiry was multi-purposed because we wanted to provide data for both program improvement and strategic planning purposes. Our questions were therefore broad, and we gleaned a little information about a number of different topics. To inquire more deeply into a topic, we suggest that an evaluation have a more limited purpose.

Most of our key informants were not native English speakers. Therefore, we cannot be sure that our interpretation of what they said always reflected their intended meaning. In addition, one key informant was not comfortable being interviewed by telephone in English and requested to respond to our questions in writing. Our interpretation of his answers may have differed had we interviewed him by telephone.

### **Relationship to the literature**

We may not have captured all strategic planning efforts in our literature review because organizations may not necessarily be calling these activities strategic planning, *per se*. For example, organizations may have done evaluations, studies, or mapping exercises with the intent of strategically contributing to their programmatic efforts, yet they may not have ascribed the term “strategic planning” to these particular activities. In addition, many more health care and public health entities may be conducting strategic planning than are choosing to document these activities in an evidence-based way in the literature. Consequently, the prevalence of strategic planning in health care and public health settings likely exceeds what we found in our literature review.

With those caveats noted, we did find an emerging evidence base on using qualitative methods in strategic planning, particularly within healthcare settings. We found fewer articles providing examples of using qualitative methods in public health strategic planning. Our inquiry thus contributes to the emerging evidence-based literature on using qualitative methods in strategic planning, and particularly to filling the gap on using qualitative methods in public health strategic planning.

### **Implications for readers**

We conducted a qualitative program evaluation, and not qualitative research. Our findings on program improvement are thus not generalizable to other programs. What may be useful to others is that we learned that using a qualitative approach was helpful for both program improvement and strategic planning purposes. We found few examples in the literature to help guide us, particularly within the public health arena. Our work thus contributes to the emerging literature on using qualitative methods, particularly key informant interviews, within strategic planning. Readers may therefore want to consider the feasibility and utility of including a qualitative evaluation component (including the use of key informant interviews) as part of their strategic planning efforts.

We also learned that it was important to reflect the perspective of our program beneficiaries in strategic planning. Giving voice to our key informants through semi-structured interviews allowed us to learn from their experiences and contexts, and therefore facilitated a more in-depth understanding of our program. It enabled us to improve our current

program offerings and to explore and ultimately implement new strategic directions. Our experience was therefore that program beneficiaries were a critically important source of data in strategic planning. This is not often highlighted in the literature describing strategic planning processes. Readers engaging in strategic planning may therefore want to ensure that the context and experiences of their program beneficiaries are given voice to as part of their strategic planning process.

Our review of the literature also led us to conclude that there is a need for more evidence-based contributions on how qualitative methods can be used in strategic planning in health related fields, particularly in the area of public health. We therefore encourage readers engaging in such processes to consider documenting their evidence-based approaches within the literature.

## Opportunities for future evaluative work

We learned that several key informants progressed in their careers after participating in our public health management development course. We also learned that some incorporated course content and management techniques into their Ministries of Health and academic institutions, including in managing public health sector decentralization and reform, and that this had positive organizational impact. Our analysis thus provides some rich preliminary data that could serve as the basis for exploring our program's impact at both individual and organizational levels in a more in-depth way. We also gathered data on factors that may have helped or hindered efforts to develop public health management capacity in our key informants' countries. We could investigate these factors further, in conjunction with questions related to what contributes to the sustainability of public health management capacity development programs, for purposes of our program's ongoing improvement.

## Closing thoughts

Our qualitative evaluation gave us a better understanding of our key informants' experience and perspectives. The themes and recommendations that emerged from our qualitative evaluation contributed to program improvement and suggested new directions for global public health management programmatic content and service delivery. Our findings were thus shared and became one of the inputs informing our program's strategic planning process. Our qualitative evaluation had direct impact on our program's strategic plan and direction. Based on our findings and other inputs, our program is now offering its public health management capacity development course in other parts of the globe, a leadership course in Atlanta, GA, and increased distance learning offerings.

The richness of our findings demonstrates that a qualitative evaluation methodology can not only be useful for purposes of public health program improvement, but also for informing broader strategic planning purposes. Our inquiry provides a concrete example of how qualitative methods, specifically key informant interviews, can provide useful data for strategic planning within public health settings. It may be useful to readers who are interested in conducting strategic planning within public health and other related areas including health care, mental and behavioral health, and the social sciences.

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